

PSYCHIATRIC REVIEW TECHNIQUE

Name	SSN
NH (If different from above)	SSN

I. MEDICAL SUMMARY**A. Assessment is from:** _____ **to** _____**B. Medical Disposition(s):**

1. ☐ No Medically Determinable Impairment
2. ☐ Impairment(s) Not Severe
3. ☐ Impairment(s) Severe But Not Expected to Last 12 Months
4. ☐ Meets Listing _____ (Cite Listing)
5. ☐ Equals Listing _____ (Cite Listing)
6. ☐ RFC Assessment Necessary
7. ☐ Coexisting Nonmental Impairment(s) that Requires Referral to Another Medical Specialty
8. ☐ Insufficient Evidence

C. Category(ies) Upon Which the Medical Disposition is Based:

1. ☐ 12.02 Organic Mental Disorders
2. ☐ 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders
3. ☐ 12.04 Affective Disorders
4. ☐ 12.05 Mental Retardation
5. ☐ 12.06 Anxiety-Related Disorders
6. ☐ 12.07 Somatoform Disorders
7. ☐ 12.08 Personality Disorders
8. ☐ 12.09 Substance Addiction Disorders
9. ☐ 12.10 Autism and Other Pervasive Developmental Disorders

☐ **These findings complete the medical portion of the disability determination.**

MC/PC's Signature	Date
MC/PC's Printed Name	Code

II.	DOCUMENTATION OF FACTORS THAT EVIDENCE THE DISORDER
A. 12.02 Organic Mental Disorders	
<p><input type="checkbox"/> Psychological or behavioral abnormalities associated with a dysfunction of the brain ... as evidenced by at least one of the following:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Disorientation to time and place 2. <input type="checkbox"/> Memory impairment 3. <input type="checkbox"/> Perceptual or thinking disturbances 4. <input type="checkbox"/> Change in personality 5. <input type="checkbox"/> Disturbance in mood 6. <input type="checkbox"/> Emotional lability and impairment in impulse control 7. <input type="checkbox"/> Loss of measured intellectual ability of at least 15 IQ points from premorbid levels or overall impairment index clearly within the severely impaired range on neuropsychological testing, e.g., the Luria-Nebraska, Halstead-Reitan, etc. <p><input type="checkbox"/> A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.</p> <p>Disorder _____</p> <p>Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:</p> <p><input type="checkbox"/> Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).</p>	

B. 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders

- ☐ Psychotic features and deterioration that are persistent (continuous or intermittent), as evidenced by at least one of the following:
1. ☐ Delusions or hallucinations
 2. ☐ Catatonic or other grossly disorganized behavior
 3. ☐ Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following:
 - a. ☐ Blunt affect, or
 - b. ☐ Flat affect, or
 - c. ☐ Inappropriate affect
 4. ☐ Emotional withdrawal and/or isolation

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

C. 12.04 Affective Disorders

☐ Disturbance of mood, accompanied by a full or partial manic or depressive syndrome, as evidenced by at least one of the following:

1. ☐ Depressive syndrome characterized by at least four of the following:

- a. ☐ Anhedonia or pervasive loss of interest in almost all activities, or
- b. ☐ Appetite disturbance with change in weight, or
- c. ☐ Sleep disturbance, or
- d. ☐ Psychomotor agitation or retardation, or
- e. ☐ Decreased energy, or
- f. ☐ Feelings of guilt or worthlessness, or
- g. ☐ Difficulty concentrating or thinking, or
- h. ☐ Thoughts of suicide, or
- i. ☐ Hallucinations, delusions or paranoid thinking

2. ☐ Manic syndrome characterized by at least three of the following:

- a. ☐ Hyperactivity, or
- b. ☐ Pressures of speech, or
- c. ☐ Flight of ideas, or
- d. ☐ Inflated self-esteem, or
- e. ☐ Decreased need for sleep, or
- f. ☐ Easy distractibility, or
- g. ☐ Involvement in activities that have a high probability of painful consequences which are not recognized, or
- h. ☐ Hallucinations, delusions or paranoid thinking

3. ☐ Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment (explain in Part IV, Consultant's Notes, if necessary):

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

D. 12.05 Mental Retardation

- ☐ Significantly subaverage general intellectual functioning with deficits in adaptive functioning initially manifested during the developmental period; i.e., the evidence demonstrates or supports onset of the impairment before age 22, with one of the following:
1. ☐ Mental incapacity evidenced by dependence upon others for personal needs (e.g., toileting, eating, dressing, or bathing) and inability to follow instructions such that the use of standardized measures of intellectual functioning is precluded*
 2. ☐ A valid verbal, performance, or full scale IQ of 59 or less*
 3. ☐ A valid verbal, performance, or full scale IQ of 60 through 70 and a physical or other mental impairment imposing an additional and significant work-related limitation of function*
 4. ☐ A valid verbal, performance, or full scale IQ of 60 through 70*

- ☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

*NOTE: Items 1, 2, 3, and 4 correspond to listings 12.05A, 12.05B, 12.05C, and 12.05D, respectively.

- ☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

E. 12.06 Anxiety-Related Disorders

- ☐ Anxiety as the predominant disturbance or anxiety experienced in the attempt to master symptoms, as evidenced by at least one of the following:
1. ☐ Generalized persistent anxiety accompanied by three of the following:
 - a. ☐ Motor tension, or
 - b. ☐ Autonomic hyperactivity, or
 - c. ☐ Apprehensive expectation,
 - d. ☐ Vigilance and scanning
 2. ☐ A persistent irrational fear of a specific object, activity or situation which results in a compelling desire to avoid the dreaded object, activity, or situation
 3. ☐ Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror, and sense of impending doom occurring on the average of at least once a week
 4. ☐ Recurrent obsessions or compulsions which are a source of marked distress
 5. ☐ Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress
- ☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.
- Disorder _____
- Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:
- _____
- _____
- _____
- _____
- ☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

F. 12.07 Somatoform Disorders

- ☐ Physical symptoms for which there are no demonstrable organic findings or known physiological mechanisms, as evidenced by at least one of the following:
1. ☐ A history of multiple physical symptoms of several years duration beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly
 2. ☐ Persistent nonorganic disturbance of one of the following:
 - a. ☐ Vision, or
 - b. ☐ Speech, or
 - c. ☐ Hearing, or
 - d. ☐ Use of a limb, or
 - e. ☐ Movement and its control (e.g., coordination disturbances, psychogenic seizures, akinesia, dyskinesia), or
 - f. ☐ Sensation (e.g., diminished or heightened)
 3. ☐ Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

G. 12.08 Personality Disorders

- ☐ Inflexible and maladaptive personality traits which cause either significant impairment in social or occupational functioning or subjective distress, as evidenced by at least one of the following:
1. ☐ Seclusiveness or autistic thinking
 2. ☐ Pathologically inappropriate suspiciousness or hostility
 3. ☐ Oddities of thought, perception, speech and behavior
 4. ☐ Persistent disturbances of mood or affect
 5. ☐ Pathological dependence, passivity, or aggressivity
 6. ☐ Intense and unstable interpersonal relationships and impulsive and damaging behavior

- ☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

- ☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

H. 12.09 Substance Addiction Disorders

- ☐ Behavioral changes or physical changes associated with the regular use of substances that affect the central nervous system.

If present, evaluate under one or more of the most closely applicable listings:

1. ☐ Listing 12.02-Organic mental disorders*
2. ☐ Listing 12.04-Affective disorders*
3. ☐ Listing 12.06-Anxiety-related disorders*
4. ☐ Listing 12.08-Personality disorders*
5. ☐ Listing 11.14-Peripheral neuropathies*
6. ☐ Listing 5.05-Liver damage*
7. ☐ Listing 5.04-Gastritis*
8. ☐ Listing 5.08-Pancreatitis*
9. ☐ Listing 11.02 or 11.03-Seizures*

- ☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

- ☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

*NOTE: Items 1,2,3,4,5,6,7,8, and 9 correspond to listings 12.09A, 12.09B, 12.09C, 12.09D, 12.09E, 12.09F, 12.09G, 12.09H, and 12.09I, respectively. If items 1, 2, 3, or 4 are checked, only the numbered items in subsections IIA, IIC, IIE, or IIG of the form need be checked. The first block under the disorder heading in those subsections should not be checked, unless the evidence substantiates the presence of the disorder separate from the substance addiction disorder.

I. 12.10 Autistic Disorder and Other Pervasive Developmental Disorders

☐ Qualitative deficits in the development of reciprocal social interaction, in the development of verbal and nonverbal communication skills, and in imaginative activity. Often there is a markedly restricted repertoire of activities and interests, which frequently are stereotyped and repetitive.

1. ☐ Autistic disorder, with medically documented findings of all of the following:

- a. ☐ Qualitative deficits in reciprocal social interaction
- b. ☐ Qualitative deficits in verbal and nonverbal communication and in imaginative activity
- c. ☐ Markedly restricted repertoire of activities and interests

2. ☐ Other pervasive developmental disorders, with medically documented findings of both of the following:

- a. ☐ Qualitative deficits in reciprocal social interaction
- b. ☐ Qualitative deficits in verbal and nonverbal communication and in imaginative activity

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

III. RATING OF FUNCTIONAL LIMITATIONS						
A. "B" Criteria of the Listings						
<p>Indicate to what degree the following functional limitations (which are found in paragraph B of listings 12.02-12.04, 12.06-12.08 and 12.10 and paragraph D of 12.05) exist as a result of the individual's mental disorder(s).</p> <p>NOTE: Item 4 below is more than a measure of frequency and duration. See 12.00C4 and also read carefully the instructions for this section.</p> <p>Specify the listing(s) (i.e., 12.02 through 12.10) under which the items below are being rated _____</p>						
FUNCTIONAL LIMITATION	DEGREE OF LIMITATION					
1. Restriction of Activities of Daily Living	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme* <input type="checkbox"/>	Insufficient Evidence <input type="checkbox"/>
2. Difficulties in Maintaining Social Functioning	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme* <input type="checkbox"/>	Insufficient Evidence <input type="checkbox"/>
3. Difficulties in Maintaining Concentration, Persistence, or Pace	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked* <input type="checkbox"/>	Extreme* <input type="checkbox"/>	Insufficient Evidence <input type="checkbox"/>
4. Episodes of Decompensation, Each of Extended Duration	None <input type="checkbox"/>		One or Two <input type="checkbox"/>	Three* <input type="checkbox"/>	Four* or More <input type="checkbox"/>	Insufficient Evidence <input type="checkbox"/>
*Degree of limitation that satisfies the functional criterion.						

B. "C" Criteria of the Listings

1. Complete this section if 12.02 (Organic Mental), 12.03 (Schizophrenic, etc.), or 12.04 (Affective) applies and the requirements in paragraph B of the appropriate listing are not satisfied.

NOTE: Item 1 below is more than a measure of frequency and duration. See 12.00C4 and also read carefully the instructions for this section.

- ☐ Medically documented history of a chronic organic mental (12.02), schizophrenic, etc. (12.03), or affective (12.04) disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do any basic work activity, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. ☐ Repeated episodes of decompensation, each of extended duration
2. ☐ A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate
3. ☐ Current history of 1 or more years' inability to function outside a highly supportive living arrangement with an indication of continued need for such an arrangement.

- ☐ Evidence does not establish the presence of the "C" criteria

- ☐ Insufficient evidence to establish the presence of the "C" criteria (explain in Part IV, Consultant's Notes).

2. Complete this section if 12.06 (Anxiety-Related) applies and the requirements in paragraph B of listing 12.06 are not satisfied.

- ☐ Complete inability to function independently outside the area of one's home

- ☐ Evidence does not establish the presence of the "C" criterion

- ☐ Insufficient evidence to establish the presence of the "C" criterion (explain in Part IV, Consultant's Notes).

IV. CONSULTANT'S NOTES

Privacy Act Statement
Collection and Use of Personal Information

Sections 223 and 1633 of the Social Security Act authorize us to collect this information. The information will be used to determine eligibility for benefits and for program evaluation and management. You are not required to complete this form, however, failure to do so could affect the claimant's eligibility for benefits.

We rarely use the information provided on this form for any other purpose other than for the reason explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

- (1) To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- (2) To comply with Federal laws requiring the release of information from Social Security records (e. g., to the Government Accountability Office or the Department of Veteran's Affairs);
- (3) To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
- (4) To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Computer matching programs compare our records with those of other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a persons eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is contained in our Systems of Records Notice 60-0044 (National Disability Determination Services (NDDS) File), Social Security Administration, Office of Disability Determinations. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at any local Social Security office.

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SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*